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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

South Africa

The Executive Director recommends that the Executive Board approve the country programme of South Africa for the period 1992-1994 in the amount of $5 million from general resources, subject to the availability of funds, and $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1990-1992	6
RECOMMENDED PROGRAMME COOPERATION, 1992-1994	8

List of tables

1.	Some selected indicators for health in South Africa	13
2.	Expenditure under previous cooperation period, 1990-1991	14
3.	Planned expenditure, 1992-1994	15
4.	Staffing from budget and programme funds	16

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme of cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The delicate process to end apartheid in South Africa and to establish a non-racial democracy has accelerated dramatically in the last few months. This is an enormous undertaking, and the process is itself likely to precipitate further social upheaval and trauma. Still, the developments taking place in South Africa also offer an historic opportunity for drawing up a new, non-racial constitution, and for reorganizing the major socio-economic and administrative structures and systems to effect fundamental changes.

2. The crisis affecting children and women in South Africa is structural and endemic. Racial classification determines all life possibilities in South Africa. A 1989/90 survey carried out by the South African Institute of Race Relations (SAIRR) estimates the total population of South Africa at some 38.2 million people, 29.0 million (or 76 per cent) of whom are Black, 5.0 million of whom are White, 3.2 million of whom are Coloured and approximately 1 million of whom are Asian. At least 15.3 million (or 40.8 per cent of the population) are children and youth under 14 years of age, 12.3 million (80.4 per cent) of whom are Black, 1.4 million of whom are White, 1.2 million of whom are Coloured and approximately 0.4 million of whom are Asian.

3. Although Whites constitute only some 13 per cent of the population, they control 87 per cent of the land. Estimates of absolute poverty by race reflect persisting socio-economic inequities: more than 55 per cent for Blacks, 30 per cent for Coloureds, 15 per cent for Asians and a low percentage for Whites. The poverty situation is much worse in the Bantustans (60 to 80 per cent), where about 55 per cent of the population live. Estimates are lower in large cities (20 to 25 per cent), and range from 40 to 50 per cent in White farming areas, plantations and smaller townships. It is estimated that an annual economic growth rate of some 10 per cent will be necessary if absolute poverty is to be eliminated in South Africa over the next decade, assuming the existence of political will supported by appropriate policies.

4. Access to basic services and administrative, human and economic resources is separate and unequal. Government responsibility for the provision of basic services such as health, education and social welfare is scattered among 18 departments representing the 10 Bantustans, the 4 provinces in "White South Africa" and the 4 separate departments for Whites, Asians, Coloureds and general affairs. This means that today there are 18 departments of health in South Africa, answerable to 14 different ministries of health, with the same pattern being replicated in virtually all of the social sectors. This degree of fragmentation of services is both wasteful and inefficient, indicating the need for a unified public service administration and the integration of services, as well as the reformulation of social and economic policies to ensure equity, affordability, efficiency and effectiveness.

5. Data collection, analysis and access is racially and spatially segregated, making it difficult to obtain an accurate national picture. A

study on the situation of children and women in South Africa is currently being conducted under the auspices of the National Children's Rights Committee (NCRC), an umbrella organization of more than 200 non-racial, non-governmental organizations (NGOs) and service groups. Data from this study, which is funded by UNICEF, should be available by December 1992 and should give a more representative picture of the situation of children and women. In the meantime, various data sources have been used to compile information for the present document.

6. A 1991 survey of health status, health services and health research in South Africa funded by the Kaiser Family Foundation maintains that South Africa suffers from the worst health consequences of industrialization and poverty, characterized by a high incidence of heart disease and cancers, mainly among Whites, and endemic patterns of preventable diseases among the majority Black population, resulting from the lack of such basic public health services as adequate housing and safe water supplies and sanitation, as well as from poverty and social instability. The majority of Black children suffer from vaccine-preventable diseases, especially measles and tuberculosis, diarrhoeal diseases, acute respiratory infections (ARI) and malaria. Acquired immune deficiency syndrome (AIDS) resulting from perinatal transmission from infected mothers to their unborn babies is increasing. The lack of infrastructure and support services to Black townships and the rural areas constitute serious constraints to the improvement of the health and well-being of these population groups. A 1987 study conducted by SAIRR showed significant disparities in infant mortality rates (IMRs) among the races: 80 per 1,000 live births for Blacks; 46 per 1,000 live births for Coloureds; 19 per 1,000 live births for Asians; and 12 per 1,000 live births for Whites. However, official IMR data should be approached with caution, since all data for disadvantaged communities is incomplete, owing to limited access and incomplete registration of births and deaths. There is no reliable data on maternal mortality.

7. Top priorities in health include the need for government commitment to reorientate policy to a primary health care (PHC) system designed to achieve health for all, as well as the need to fund the best mix of private care provision and a subsidized national health system. This can only be achieved by establishing a real partnership between the private and public sectors in national health policy formulation and implementation. The process of planning and designing the envisaged new health system can be facilitated by urgently embarking on relevant health systems research: (a) to provide vital information on effective ways of integrating the different levels of health services; (b) to train, reorient and redeploy health personnel; (c) to facilitate optimum utilization of existing health facilities; (d) to investigate the areas of health financing and cost sharing; and (d) to improve health systems management. More effective linkages and collaboration among decision makers, researchers and community representatives must also be established if these efforts are to succeed.

8. The lack of household food security is a serious underlying threat to child survival and development in South Africa. The major channel for

ensuring access to food for the majority of the population is through the purchase of food commodities. The food price index has been particularly hard hit by the introduction of value added tax, with a reported annual rate of increase of 25.7 per cent in 1991. This means that the 55 per cent of Black households affected by absolute poverty suffer from serious food insecurity, with the situation being much worse in the homelands, where up to 80 per cent of the Black population are afflicted by absolute poverty. In 1990, the Department of National Health and Population Development reported that at least 2.3 million South Africans were in need of nutritional assistance. As many as 40 per cent of Black children were estimated to suffer from different degrees of malnutrition. This number is growing steadily, owing to the failure of the 1991 crop season as a result of the severe drought affecting southern Africa and the escalation of violence in Natal and Transvaal regions in early 1992, which has resulted in an increase in displaced Black communities, thus rendering thousands of households homeless and desolate.

9. Forced relocation, migrant labour and the system of single-sex hostels has resulted in the dislocation of family and community life, overcrowding and lack of economic opportunity for the majority of Black South Africans over the years. This situation has, in turn, seriously compromised the quality of care given to children and women, resulting in violence within and outside the home, crime, alcohol and drug abuse, physical and sexual abuse, child abuse, psychological trauma and orphaned and abandoned children. By early 1991, the number of street children in South Africa was estimated at 10,000 and growing rapidly.

10. The destruction of family and community life has imposed an extra burden on women, who have had to take primary responsibility for child-rearing, along with feeding, clothing and even housing their families. The fulfilment of productive, reproductive and community management roles by women has been made more difficult by existing racial, gender and economic discrimination. In rural areas, women's access to jobs and arable land is limited, as is their access to water. Where arable land exists, women have little access to productive inputs, technological skills or extension, financial and marketing services. Once in the labour market, women in general, and Black women in particular, are the lowest paid. Some 2 million Black women are employed as domestic workers, an occupation characterized by low wages, long hours, separation from spouses and family and sexual harassment. The inability to generate cash also results in limited access to food and other basic needs. Households headed by women experience periods of severe food shortages and consequent malnutrition. Women working in factories are better paid, but also experience sexual harassment, lack maternity benefits and experience unfair hiring and firing practices.

11. As with other services in South Africa, access to education is separate and unequal. Public expenditure on the education of White children is five times that for Black children. The average teacher/pupil ratio is 1:40 in Black schools, compared with 1:17 in White schools. The curriculum for the education of Blacks is inferior to that for Whites, Asians and Coloureds. Latest statistics from the Department of Education and Training, which

supervises the education of Blacks, show an examination pass rate of 40.9 per cent in 1989, 36.4 per cent in 1990 and 39.2 per cent in 1991. By contrast, 97 per cent of White high school students passed their examinations in 1991. Literacy is estimated at 97 per cent for Whites, 80 per cent for Asians, 68 per cent for Coloureds and 45 per cent for Blacks. There is a high drop-out rate among Black pupils, recorded in the mid-1980s at 50 per cent between the first year of primary schooling and the first year of secondary education, compared with a drop-out rate of less than 1 per cent for White children. A non-racial and democratic South Africa will need to reformulate education policy to ensure universal access to basic education; unify and restructure the administrative system to ensure equality, efficiency, effectiveness and affordability at all levels of education; and review curricula to improve the relevance and quality of education and, more importantly, to introduce the culture of learning. Particular emphasis needs to be given to early childhood care and education.

12. At the household level, the inability of many Black households to afford sufficient food of good quality is underpinned by their lack of access to economic, administrative and human resources. The recent repeal of the Land Act is an important step in the right direction. However, it is unlikely to significantly reduce existing disparities in land available to Blacks and Whites, considering that as much as 87 per cent of the land is already in the hands of Whites. Most of the land being offered for purchase in the remaining 13 per cent of South African territory is in the Bantustans and is already occupied by Blacks. Those few Blacks with access to arable land will need equitable access to the agricultural service structures (extension services and finance, marketing and other assistance programmes) before they can reap the benefits of this resource potential. Earning potential for Blacks through labour exchange is severely limited. Africa Confidential (vol. 32, No. 23, 1991) estimates total unemployment rates of up to 40 per cent among the economically active population. Between 1985 and 1990, only about 8.4 per cent of all labour market entrants found work in the formal sector. The chronic lack of marketable skills within the Black community is closely linked to the apartheid education system. An aggressive affirmative action programme is imperative if this structural imbalance is to be rectified.

13. Overall, national resource availability is neither as healthy nor as flexible as is often perceived. The South African economy has been characterized by serious economic decline, dependence on foreign investment, the escalation of unemployment for the last three decades, excessive inflation and lack of investor confidence. National income per capita fell at the rate of 3 per cent in 1989, 4 per cent in 1990 and 2.5 per cent in 1991. Government statistical services report an inflation rate of 16.8 per cent in 1991, the highest in the last four years. Private savings have fallen to an historic low of about 3 per cent in 1991, compared with 11 per cent in 1975. Real, fixed investment as a proportion of the gross national product has fallen from an average of 27 per cent in the 1970s, to 24 per cent in the early 1980s, to 19 per cent in the last five years. Observers predict that after apartheid, South Africa will be characterized by massive human deprivation, and highlight access to employment, productivity, basic services,

family and civil society and normal life expectancy as operationally central issues. Creative strategies for internal and external resource mobilization from both budgetary and private sector channels will, therefore, have to be found if the growing expectations for socio-economic improvement and the creation of a climate for renewed growth are to be fulfilled.

14. Important progress was achieved as major laws institutionalizing apartheid were removed from the statute books during 1991. However, many other laws that perpetuate existing inequalities, such as those pertaining to education, remain. Concerns that the inequalities and dispossession ensuing from these laws will continue to characterize South African society for years to come have been strengthened by the authorities' reluctance to adopt a comprehensive national programme of redress of the socio-economic problems affecting the majority of South Africans (A/46/22-S/23224, para. 29, dated 29 November 1991). While the current historic process of negotiation for political reform and resource redistribution is taking place, the challenge is to establish national priorities that balance available resources with the enormous development backlog. Of critical importance is the need to ensure that this process includes priorities, strategic policies and practical actions that specifically address the special needs of and concerns for the survival, protection and development of children, women and the poorest communities.

PROGRAMME COOPERATION, 1990-1992

15. UNICEF assistance to South African children and women dates back to 1974 in response to and in accordance with the relevant resolutions passed by the General Assembly for organizations of the United Nations to provide assistance to national liberation movements and to the people of South Africa suffering under the apartheid system. Over the years, this assistance has been reinforced through advocacy and the mobilization of donor support, both directly and through publications such as Children on the Frontline.

16. During the late 1980s, Governments and the international community increasingly called attention to the worsening conditions of children and women inside South Africa as a result of the escalation of violence, as well as the deterioration of the delivery of basic services for the majority of the Black population. In response, UNICEF arranged briefing sessions and external study tours for several non-racial NGOs. This was followed by a conference of a broader spectrum of South African NGOs held at Gaberone, Botswana, early in 1990, with UNICEF assistance. These NGOs formed an umbrella organization, NCRC, to facilitate the establishment of a coordinated plan of action for alleviating the plight of South African children and women, and to oversee the implementation of such a programme, as well as to be responsible for resource mobilization for the implementation of planned activities, including the coordination of external donor support. It was on the basis of this conference that the 1990-1992 UNICEF programme of cooperation (E/ICEF/1990/P/L.42) was recommended and approved by the Executive Board, with the following main components: a situation analysis to help determine the

priority needs of children and women in South Africa; a children's rights social mobilization project to assist anti-apartheid NGOs to improve the effectiveness of their efforts and activities within the general framework of the 1989 Convention on the Rights of the Child; and direct support to victims of apartheid.

17. Research activities are well under way and the final report on the situation of children and women in South Africa will be published and formally launched by December 1992. The children's rights social mobilization project is an ongoing exercise. UNICEF has supported two initiatives during the period under review: the facilitation of the planning and implementation of a more systematic approach to the children's rights campaign; and the translation into four major local languages and dissemination of the Convention on the Rights of the Child and Facts for Life. UNICEF experience in working with the NGOs has underscored the difficulties of overcoming the acute fragmentation (economic, administrative and human resource deficiencies, as well as infrastructural weaknesses) inherent among the deprived, non-White communities and non-racial NGOs for whom UNICEF assistance is targeted. Thus, the first two years of the 1990-1992 programme of cooperation have largely focused on (a) facilitating and promoting dialogue and consensus-building among NCRC constituents; (b) assisting in the development of NCRC administrative capacity to implement programmes; and (c) training to improve NCRC project planning and implementation skills. Skills training and capacity-building at all levels remain key prerequisites if project assistance to disadvantaged groups is to reach intended beneficiaries.

18. On 13 December 1991, the United Nations General Assembly passed a consensus resolution on South Africa (46/79 A), in which it appealed to the international community to give its full and concerted support to the vulnerable and critical process now under way in South Africa through a phased application of appropriate pressure to the South African authorities, as warranted by developments, and to provide assistance to the opponents of apartheid and the disadvantaged sectors of society in order to ensure the rapid and peaceful attainment of the objectives of the Declaration on Apartheid and its Destructive Consequences in Southern Africa. In the resolution, the Assembly stipulates that once there is an interim government mechanism in place in South Africa, international organizations should be in a position to establish a physical presence inside the country in order to facilitate programme development and implementation. Meanwhile, activities to benefit the victims of violence, displacement and drought would need to be stepped up as part of a United Nations humanitarian response to the most urgent needs of the South African poor. With these factors in view, the Executive Director hereby recommends that the Executive Board take the following steps to strengthen UNICEF capacity and ability to address the situation of children and women in South Africa:

(a) Approve the establishment of a country office in South Africa as soon as circumstances permit, possibly within the second half of 1992. This will enable UNICEF to respond in a timely and effective manner to the rapidly changing situation in South Africa and to provide much needed assistance to children and women inside the country in a more systematic way;

RECOMMENDED PROGRAMME COOPERATION, 1992-1994

Recommended general resources: $5,000,000
Supplementary funding: $5,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Primary health care	1 000	1 500	2 500
Nutrition	500	-	500
Education	500	1 000	1 500
Children in especially difficult circumstances	250	1 500	1 750
Advocacy, planning and social statistics	1 500	-	1 500
Programme support	1 250	-	1 250
Integrated area-based programme	-	1 000	1 000
Total	5 000	5 000	10 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

(b) Approve the allocation of $5 million from general resources for the period 1992-1994 to support the activities outlined below, and an additional $5 million in supplementary funds, subject to the availability of specific-purpose contributions.

Goals and objectives

19. UNICEF assistance is geared towards making a catalytic contribution to the historic process taking place in South Africa, with particular attention to the need to respond to the "first call for children" within the broader national framework of priorities. The major programme objectives will be to contribute to: (a) the rehabilitation of the livelihoods of children in

difficult circumstances, especially returnees and internally displaced victims of apartheid, and the protection of their rights; (b) the ongoing process of assessing the situation of children and women and the use of data thus generated to facilitate improved public policy formulation and implementation; (c) the promotion of legislation and public policies that guarantee the rights of children and women; and (d) the critical process of capacity-building and human resource development to include data collection and analysis to improve planning and implementation, as well as the establishment and strengthening of a continuous system of monitoring of social indicators on children, youth and women.

Relief and rehabilitation of livelihoods

20. This programme will primarily involve meeting the short-term emergency and survival needs of the most seriously affected children and women through the provision of material and technical assistance to support the planning and implementation of life-saving programme interventions such as the control of diarrhoeal and other preventable diseases and nutrition rehabilitation and surveillance. Programme interventions will include the rehabilitation of livelihoods for returnees and internally displaced persons, as well as the most seriously affected communities, requiring the acquisition of data on the informal sector, the identification of existing and potential channels for increased access to productive resources and the identification of feasible mechanisms for ensuring access to small start-up grants and credit.

21. In addition to the above measures, urgent preventive action and protection services will be extended to children in difficult circumstances and displaced poor communities, including the extension of basic health and nutrition care, as well as skills training for self employment, counselling and other assistance intended to facilitate the restoration and stabilization of family life. While attention will focus on the poorest communities, technical and material assistance will be provided to initiate the country-wide implementation of urgent preventive and promotive health care services, namely, the prevention of the six vaccine-preventable diseases through accelerated child immunization, the control and prevention of diarrhoeal diseases through oral rehydration therapy and improved sanitation, the control and prevention of ARI and malaria, as well as AIDS prevention and nutrition rehabilitation.

Child survival, protection and development

22. This programme will assist in the area of capacity-building for the formulation of goals and objectives for children and women in South Africa for the 1990s; the formulation of strategies for reaching these goals and objectives; and the establishment of a national programme of action towards meeting the defined goals and objectives. Information systems will be strengthened to facilitate the continuous process of assessment, analysis and action (the "triple A" approach). In order to contribute to the formulation of appropriate strategies for children and women and to reduce the fragmentation that characterizes both government and NGO structures, resulting

in the fundamental lack of coordination between various services, research and resource organizations for children, UNICEF assistance will give priority attention to facilitating intersectoral and inter-agency consensus-building on an appropriate set of broad, attainable objectives and goals for improving the status and well-being of children and women. The ongoing situation analysis exercise is seen as an important step in this direction. Assistance is envisaged at two levels: (a) technical assistance to support the reformulation and rationalization of relevant sectoral policies and programmes, including the identification of strategies for evolving unified service delivery systems, particularly in the areas of health, food and nutrition, water supply and sanitation, education and social service delivery; and (b) technical assistance to support the design of sectoral strategies for addressing the special needs of children and women in the 1990s, the formulation of goals and objectives for meeting these strategies, and identification of resource mobilization and implementation strategies, as well as mechanisms for monitoring progress made in this regard.

23. Health systems and operational research are seen as crucial in establishing priorities for restructuring health services and resource application. UNICEF assistance will, therefore, be extended to the establishment and implementation of a national essential health research agenda, emphasizing community and environmental health and the eradication of communicable childhood diseases, the overall improvement of children's and women's health, appropriate mechanisms for community financing of health services, the formulation of a rational drug policy and the adoption of an essential drugs list. Particular attention will be given to the identification of training needs to meet emerging priorities.

24. Pursuant to its commitment to assisting countries to reach the global goal of education for all by the year 2000, UNICEF will assist efforts aimed at attaining the unification, restructuring and development of a coherent and more effective basic education policy; developing new and more relevant curricula; formulating strategies to increase access to education; improving teacher reorientation and training; and developing and producing appropriate learning and teaching materials. Special attention will be given to underserved communities, i.e., children and parents in the Bantustans and poorest townships. Education for national reconciliation will constitute a major theme for both formal and non-formal education, with a special emphasis on the promotion of the culture of learning and peace. Equally important will be assistance to early childhood development programme activities, especially in at-risk communities, in order to improve child-care practices, as well as the health and cognitive development of infants and preschoolers.

Planning and capacity-building for human development

25. UNICEF will contribute to the process of capacity-building for the articulation of coherent strategies for public policy, paying particular attention to the promotion of the "human face" of economic policy, with special concern for human development and for the reflection of this concern in national development strategies, policies and programmes for a new South

Africa. Priority attention will focus on policy-level advocacy and external relations initiatives that will have an impact on the formulation of national policies and programmes, which will place the well-being of children, women and the poorest communities on the priority agenda for action. UNICEF assistance will also be geared towards strengthening decision-making and implementation processes at all levels on the basis of the "triple A" approach, with particular attention to the community level. Training will constitute an important component of human resource development, with a view to improving causal analysis and the conceptual understanding of development problems. Priority attention will be given to efforts to improve the design and implementation of relevant actions. The facilitation of improved efficiency in mobilization will constitute an important strategy in this process.

Operational strategy

26. Particular attention will be paid to capacity-building as an essential component towards sustainable development. At the outset, this will be done by working mainly through non-racial, people's organizations, including service and professional groups and institutions. This strategic approach will take full advantage of South Africa's rich tradition and culture of mass participation and empowerment through civic and service organizations, which has evolved over the many years of struggle. Present UNICEF cooperation with NCRC will be strengthened as an important basis for promoting intersectoral and inter-agency consensus-building on priorities for the improved survival, protection and development of poor children and women. Special efforts will be made to identify and create mechanisms by which community-level NGOs and civic groups can better relate to the Government through formal procedures for consultation. The nature and extent of contact and cooperation with the Government will be guided by relevant United Nations General Assembly resolutions.

Cooperation with other United Nations partners

27. There is a formal mechanism for the coordination of agencies of the United Nations system on the question of South Africa, with the objective of ensuring consistency, improving the coordination and the efficient use of available resources and avoiding duplication of efforts, facilitated by the United Nations Centre against Apartheid. In addition to being actively participating in this forum, UNICEF is working closely with the Office of the United Nations High Commissioner for Refugees (UNHCR) on the repatriation and reintegration of returnees; with the Centre for Human Rights on the rehabilitation and protection of children in difficult circumstances; with the International Labour Organisation (ILO) on the question of child labour and on income-generation opportunities for women; and with the United Nations Educational, Scientific and Cultural Organization (UNESCO) on basic education and human rights. In addition, UNICEF will continue to consult and liaise with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) on areas of mutual cooperation within the PHC framework.

Country progamme management plan

28. A full-fledged country office will be established at the appropriate time, taking into account the special needs and challenges posed by the South African situation. The proposed country office structure and staff profile has taken into consideration the fact that rehabilitation of livelihoods and extension of basic services, advocacy, external relations and capacity-building for planning for human development will constitute the main emphases of UNICEF assistance to children and women in South Africa. A country programme management plan has been developed to reflect the scheduling of activities in accordance with available human, economic and organizational resources.

29. The secretariat will continue to report annually to the Executive Board on these activities as part of the report of the Executive Director.

TABLE 1. SOME SELECTED INDICATORS FOR HEALTH IN SOUTH AFRICA

	AFRICAN	WHITE	COLOURED	ASIAN
Population (millions) a/	29.0	5.0	3.2	1.0
Percentage of population a/	75.5	13.5	8.6	2.6
Total fertility (1988) a/	3.9	1.8	3.0	2.4
IMR (per 1,000 live births) 1988 a/	80.0	11.9	746.3	19.0
Percentage of population under five years of age b/	15.9	7.9	11.9	10.3
Per capita health expenditure 1987 a/ c/	R 95 (US$ 36.50)	R 596 (US$ 229.20)	R 339 (US$ 130.40)	R 356 (US$ 65.80)
Per capita child welfare expenditure 1988 d/	R 22 (US$ 8.50)	R 176 (US$ 67.70)	R 227 (US$ 87.30)	R 171 (US$ 65.80)
Per capita educational expenditure 1988 a/	R 276 (US$ 106.20)	R 3,080 (US$ 1,184.60)	R 1,358 (US$ 522.30)	R 2,226 (US$ 856.15)
Life expectancy 1985 b/	62	71	61	67
Per cent of deaths before one year of age (1987) b/	15.7	1.3	10.8	5.4
Per cent of deaths before five years of age (1987) b/	22.5	2.1	16.3	7.3

R = Rand.
Source: Changing Health in South Africa: Towards New Perspectives in Research (1991), The Henry J. Kaiser Foundation.
a/ SAIRR Survey, 1989/90.
b/ Health Trends in South Africa, Department of National Health and Population Development, 1988.
c/ US$ 1 = R 2.7
d/ SAIRR Survey, 1988/89.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990-1991

(Thousands of United States dollars)

COUNTRY: SOUTH AFRICA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $3,000,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Planning and project support	25		264		196		47		532		532
GRAND TOTAL	25		264		196		47		532		532

GR = General resources.
FSF = Funded supplementary funding.

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TABLE 3. PLANNED EXPENDITURE, 1992-1994

(In thousands of United States dollars)

Country: SOUTH AFRICA Period covered: 1992-1994	Funding status	1992	1993	1994	Total
Health	GR		500	500	1000
	NSF	500	500	500	1500
Nutrition	GR		250	250	500
Education	GR		250	250	500
	NSF		500	500	1000
Children in especially difficult circumstances	GR	250			250
	NSF	500	500	500	1500
Advocacy, planning and social statistics	GR	500	500	500	1500
Programme support	GR	250	500	500	1250
Integrated area-based programme	NSF		500	500	1000
TOTAL	GR	1000	2000	2000	5000
	NSF	1000	2000	2000	5000
GRAND TOTAL		2000	4000	4000	10000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: SOUTH AFRICA	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED 1992 FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	4	345
Supplementary funds		
Local national Professional and General Service project posts	6	95
General resources		
Supplementary funds		
Operating costs		300
Total	10	740

a/ Staff and operating costs for 1993 will be included in the revised 1992-1993 biennium budget.